MSA-PI-74-6 February 26, 1974

Attachment 4.18-B

OKI	ΛН	1111	Λ
OIL	ura III	OP1	м

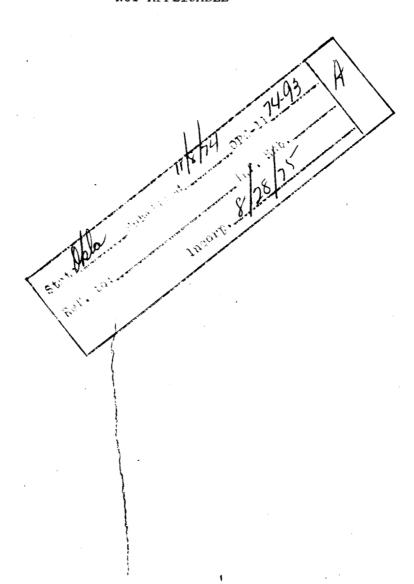
The following enrollment fee, premium or similar charge is imposed on the medically needy:

Gross Family		Charge		Liability	Frequency	
Income (per mo.)	I I	amily Siz	e	Period	of Charge	
(1)	1 or 2	3 or 4	5 or more (4)	(5)		
\$=7	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			(6)	
\$150 or less						
151 - 200						
201 - 250						
251 - 300						
301 - 350						
351 - 400						
401 - 450						
451 - 500						
		 				
501 - 550		 				
551 - 600]	NOT APPLIC	CABLE			
601 - 650						
651 - 700		-				
701 - 750						
751 - 800						
	<u> </u>	 				
801 - 850						
85 1 - 900						
901 - 950						
						
951 - 1000						
More than \$1000						
				· ·		
011	11/2	0 DPC-1	74-93			
State	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		7			
Rot. W:	سينوا أوييو يتنسي		2			
	standing.	8/28/	/3			

MSA-PI-74-6 February 28, 1974 Attachment 4.18-B Page 2

State	OKLAHOMA			
Effect on recipient of no imilar charge:	n-payment of enrollment	t fee,	premium	or
/ Non-payment does not	affect eligibility			
	d below:			

NOT APPLICABLE



The same

A-PM-85-14 (BERC) on: RER

Х Р. Б.

Attachment 4.18-0 Page 1

09380193 OMB NO.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: OKLAHOMA

The following charges are imposed on the medically needy for services:

ζ,

.00 for each covered day .00 for each all-inclusive counter .00 for each service .00 for each all-inclusive counter .50 per service for all Part vered services .00 for prescriptions having	service Type charge Deduct. Coins. C	Copay	* Amount and Basis for Determination
nt Hospital Services d Outpatient Clinic Services Ty Surgery Services Ty Surgery Services The Agency Services In Agency Services In Agency Services In Agency Services A \$1.00 for each service A \$1.00 for prescriptions having	Hospital Service	×	3.00 for each covered
d outpatient cinic Services If y Surgery Services If y Surgery Services Ists Services Ith Agency Services A si.00 for each service A si.00 for prescriptions having Covered services Covered services Covered services Covered services Covered services Covered services		×	3.00 per
Fry Surgery services In Services In Agency Services X	servic	×	for each
ns Services lsts Services ltn Agency Services alth cinnic Services A \$1.00 for each Service X \$1.00 for each Service A \$1.00 for prescriptions having	surgery	×	each covered
Ith Agency Services Ith Agency Services alth Cinnic Services A \$1.00 for each service Fart B crossover claims A \$1.00 for each service A \$1.00 for prescriptions having		×	.00 for each
alth Agency Services alth Cinnic Services A \$1.00 for each service d Registered Nurse Anesthetist Services Y Qualified Health Center Services Part B crossover claims Covered Services X \$1.00 for each all-inclusive encounter R \$5.00 for each all-inclusive encounter R \$5.00 for each all-inclusive encounter R \$5.00 for prescriptions having X \$5.00 for prescriptions having		×	1.00 for each
alth Cinnic Services A \$1.00 for each service A \$1.00 for each service A \$1.00 for each service A \$1.00 for each all-inclusive encounter Fart B crossover claims The covered services A \$1.00 for prescriptions having S \$1.00 for prescriptions having	Home Health Agency Services	×	1.00 for each
d Registered Nurse Anesthetist Services X \$1.00 for each service Y Qualified Health Center Services X \$1.00 for each all-inclusive encounter Part B crossover claims X \$.50 per service for all Part covered services The following Services X \$.50 for prescriptions having the services of the services	Health Clinic	×	1.00 for each service
y Qualified Health Center Services X \$1.00 for each all-inclusive encounter Part E crossover claims X \$.50 per service for all Part covered services The covered services is naving the services in the covered services in the covered services in the control of the covered services in the cove	Anestnetist	×	1.00 for each service
encounter Fart B crossover claims X \$.50 per service for all Part covered services tion Drugs X \$1.00 for prescriptions having	yualiiled Health Center	×	each all-inclusive
covered services X \$1.00 for prescriptions having	Part B crossover	×	service for all
ilcaid allowable of \$29.99 or le	Frescription Drugs	×	covered services \$1.00 for prescriptions having a Medicaid allowable of \$29.99 or less

* The basis for the copayment is the statewide average payment for all the services provided one recipient by one provider.

Medicald allowable of \$30.00 or more

\$2.00 for prescriptions having a

Approval Date 8/30 P3

superse I'N NO.

Effective Date

Revised 04-01-93

Revision: HCFA-PM-85-14 (BERC)

SEPTEMBER 1985

ATTACHMENT 418-C

Page 2

STATE	PLAY	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT
-------	------	-------	-------	-----	----	-----	--------	----------	-----

State:	OKLAHOMA

- B. The method used to collect cost sharing charges for medically needy individuals:
 - Providers are responsible for collecting the cost sharing charges from individuals.
 - The agency reimburses providers the full Medicaid rate for semices and collects the cost sharing charges from individuals.
- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

A person's assertion to the provider of their inability to pay the copayment establishes this inability.

STATE APPR 0 6 1993

DATE REC'D MAY 0 3 1993

DATE APPV'D MAR 0 1 1993

HCFA 179

Revised 03-01-93

TN# 93-06
Supersoles 18

ApprovMAYatO 3 1993 Effective Date 0 1 19

Revision: HCFA-PM-85-14 (BERC)

SEPTEMBER 1985

ATTACHMENT #. 18-C

Page 3

STATE !	PLAN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT
---------	------	-------	-------	-----	----	-----	--------	----------	-----

State:	OKLAHOMA
--------	----------

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Oklahoma excludes from copayment those individuals and services described in 42 CFR 447.53(b) through the claims processing system using the recipient file information, diagnosis codes on the claim and certain designated procedure codes.

- B. Cumulative maximums on charges:
 - $2^{1/2}$ State policy does not provide for cumulative maximums.
 - Cumulative maximums have been established as described below:

DATE EFF HCFA 179

Revised 03-01-93